

# Sample – Payment Request letter

## Fiscal Year (FY) 2006-07

(TO BE PLACED ON GRANTEE'S LETTERHEAD)

Andrea Zubiato, Coordinator  
California Department of Health Services  
Indian Health Program  
1615 Capitol Avenue, Suite 73.460  
MS 8502  
P.O. Box 997413  
Sacramento, CA 95899-7413

Grantee's Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

**FY 2006-2007** Grant Award Amount: \$ \_\_\_\_\_

Statute: Health and Safety Code 124586

Pursuant to the terms and conditions established in the above referenced Statute, we are requesting payment as indicated.

Please check one of the following:

\_\_\_\_\_ Up to 50% (July 2006– December 2006)

\_\_\_\_\_ Up to 40% (January 2007- April 2007)

\_\_\_\_\_ Not less than 10% or remaining balance (May - June 2007)

TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_  
(Actual amount to be paid. No rounding.)

\_\_\_\_\_  
Grantee's Signature & Date

\_\_\_\_\_  
State Representative's Signature & Date